



## HEALTH & WELLBEING BOARD

**Subject Heading:**

**Progress towards the Implementation of the Joint Assessment and Discharge Service**

**Board Lead:**

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**The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy**

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

### SUMMARY

The Health and Wellbeing Board is asked to consider the progress made towards the implementation of the Joint Assessment and Discharge Service and to consider the steps completed.

Since the paper presented to the Board on the 8<sup>th</sup> January 2014, the following has progressed:

- The Service Manager has been appointed and has begun working with the staff teams around the operational model, including end to end assessment processes.
- Work is underway to draft the S75 agreement that will formalise the governance arrangements, including budgets, staffing and delegated authorities, to the host organisation – London Borough of Barking & Dagenham.
- Staff consultation is planned to begin from the end of March 2014 and meetings are underway with unions to agree the approach.

### RECOMMENDATIONS

- The Board is asked to consider the progress made in the implementation of the Joint Assessment and Discharge service and to indicate whether it supports them or not and what comments, if any, it has.

**REPORT DETAIL**

This report highlights to the board the progress made to date and highlights some detail for the board to note.

The Joint Assessment and Discharge Service (JAD) will consist of around 50 health and social care staff, with a staff budget of c. £2m. It will have a Service Manager employed by the London Borough of Barking and Dagenham, 4 Ward Group Managers and 1 Co-ordination Manager.

The Service will be arranged into Ward Groups within Queen's Hospital and 1 Ward Group in King George's. Each Ward Group will consist of a Manager and 7 or 8 JAD workers, who will work with the wards' multi-disciplinary teams (doctors, nurses and therapists). The JAD will be the single point of contact for all referrals of people who may require health and/or social care support on discharge. As previously agreed, the JAD will not deal with referral of people who may require specialist rehabilitation services from hospital.

**Governance:**

The development and implementation of the JAD is supervised by the Integrated Care Coalition and the Urgent Care Board. There are regular Executive Steering Group meetings with senior representation from each participating organisation with the London Borough of Barking and Dagenham as the 'host' organisation. The Steering Group reviews progress against milestones established within the individual work streams in the project plan and acts as point of resolution for any issues that are identified. It has been agreed that the Steering Group will become the "governing body" for the service.

Implementation of the JAD has proceeded on the assumption that a s75 agreement is being developed to meet the needs identified within the revised proposals and will cover staffing and budgetary matters. This agreement will provide delegated authority, within an agreed structure for both social care and health, whilst allowing for the processes relating to Continuing Health care expenditure. This will provide sufficient control and monitoring providing assurance to partner organisations.

**BHRUT Improvement Plan:**

The JAD proposals need to unify with BHRUT improvement plans currently being drafted, to ensure complementary alignment and acknowledging the significance of specialist measures and the requirements they may bring.

**Project Plan:**

The project plan is in place although it has been established that the following key tasks need to be completed to enable the service to be provided by June. Some are already marked complete:

1. JAD Staffing:
  - Service Manager (1 post) – Completed – The Service Manager has now been appointed following panel interviews on the 23<sup>rd</sup> January. The new Service Manager is currently a Barking and Dagenham Hospital Team Manager. The Service Manager will be leading the interface with existing Team Managers and staff picking up operational delivery issues.
  - Job descriptions for the other posts under the new structure are currently being drafted and employing organisations are being consulted to ensure the best fit where possible to existing posts.

## **Health & Wellbeing Board, 8 May 2013**

The assimilation process will begin soon after the new job descriptions are agreed and the following has taken place:

- A meeting with staff representatives and trade unions has been convened to discuss proposals, agree a consultation process and ensure good engagement.
- The new Service Manager has met with existing staff to ensure they are engaged in the process and are clear about the direction of travel.

### 2. JAD staff consultation document:

- An additional HR resource was engaged at the end of December to assist with finalising the staff consultation document. They have also amalgamated the respective 'Management of Change' policies of partnership organisations contributing to the JAD. This will create a joint process that satisfies the consultation requirements of each partner.
- It is proposed that staff will be assimilated if an employee is assessed as carrying out 65% of the duties contained within the new job descriptions. Should there be any unplaced employees at the end of the process; the redundancy/redeployment process will revert to the employing organisations' respective procedures.
- The formal staff consultation is proposed to start by the end of March 2014 and will run for a period of at least 30 days (given that Havering's change management policy allows for a minimum of 45 days due to the overall number of affected staff in reviews taking place from end of March).

### 3. Section 75

- Legal capacity has been identified by the London Borough of Barking and Dagenham to lead on the preparations of a full Section 75 Agreement.

### 4. Accommodation

- BHRUT has identified accommodation for 40 staff at Queen's Hospital and 10 at King George's Hospital. Staff will move into the accommodation as soon as possible, prior to the implementation of the JAD.

### 5. Operational Policy:

- The service requires a dedicated operational policy which is also under development. Key headings and structure is now being tested against staffing and organisational requirements.

## **Continuing Health Care**

Following a meeting with NHSE, we are exploring the mechanisms required for delegating decision making to the JAD, which will be via a specific schedule of the over-arching section 75 agreement.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:**

The current budget for Havering's Hospital Team is £811,742. The combined cost of the joint team is currently being confirmed and is expected to be in the region of £2.2m. Havering's element is not expected to cost more than current establishment. The exact financial implications and risks as a result of moving to a joint service will be monitored as the implementation progresses. The staffing elements will be captured as part of the change management process.

There will be an ongoing management charge from LBBB, which is expected to be in the region of £43k. There will also be implementation costs, of which Havering's share is expected to be £21.5k.

The section 75 agreement will not result in a pooled budget. However, a finance schedule will be included and the agreement is expected to cover financial governance.

Caroline May – Strategic Finance Business Partner (Children, Adults and Housing).

**Legal implications and risks:**

There are no direct legal risks or implications associated with agreeing to the proposed direction of travel. However, assuming the JAD is to progress, detailed work will be necessary in order to ensure that the proposals can be lawfully implemented and meet the needs of each of the constituent authorities. A number of agreements will need to be completed.

Stephen Doye – Legal Manager

**Human Resources implications and risks:**

There are significant HR risks and implications that will directly affect the Council's workforce, which will emerge when change management processes are followed to bring about the new joint structure for the hospital service. The Council will need to consider, and take action to deal with, any HR risks and implications that are likely to arise from the implementation of a joint structure involving the Council and the other partner organisations for the proposed Joint Assessment & Discharge Service now that the project has moved to that stage. This will be dealt with by Adult Social Care management, with HR support, using the Council's HR policy and procedure framework, with due regard taken of relevant employment legislation obligations and terms and conditions of the Havering staff in scope for this project. The Section 75 Agreement will include clear arrangements for the management of Havering staff under the lead organisation, London Borough of Barking & Dagenham, and will set out the entitlements of seconded Havering staff in line with their employment contract with Havering Council to ensure they are maintained.

**Eve Anderson – Strategic HR Business Partner (Children, Adults & Housing)**

**BACKGROUND PAPERS**

- Initial Joint Assessment and Discharge Service Report – Health and Wellbeing Board January 2014